

## **Prior Authorization Reform in the News**



### **Simple health care reform would shorten time spent in waiting rooms**

***Published: Monday, February 06, 2012, 4:51 PM***

***By Steven E. Newman and Kurt C. Anderson***



*MLive.com File Photo Legislation could streamline paperwork for physicians and lessen the time patients wait to get care, the authors say.*

We've all been there — sitting in the waiting room at the doctor's office, thumbing through the magazines and watching the clock as our patience dwindles, anticipating the moment the receptionist finally calls our name.

While the waiting game can almost feel personal at times, the fact of the matter is Michigan physicians prefer to be in the exam rooms and operating suites working on behalf of their patients. And we prefer to see our staff right alongside us, delivering care directly to families.

Unfortunately, unnecessary red tape and bureaucracy often stand in the way. Redundant prior authorization forms for prescribing certain drugs create a significant administrative burden that delays patient care and limits the amount of time Michigan physicians and their staffs can spend directly with patients, addressing their health needs.



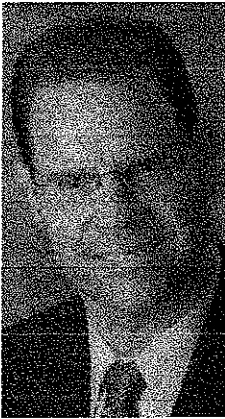
***Dr. Steven Newman***

That is why Michigan physicians are supporting legislation by state Sens. Jim Marleau and Tonya Schuitmaker that asks the Michigan health insurance commissioner to work with health insurance companies to develop one single, electronic prior-authorization form to be used by all health-insurance companies and pharmacy benefit managers across Michigan.

While most prior authorization forms request nearly identical information, more than 150 insurance providers operating in Michigan each use unique forms, and not all of them can be submitted electronically.

Practically speaking, that means physicians and their staffs must sort through more than 1,000 pages of redundant forms and juggle numerous submission methods and requirements to perform the same task that could be otherwise handled with a single sheet of paper or click of the mouse. It is an antiquated and redundant system that delays the delivery of health care and stands in direct conflict with initiatives in Lansing and Washington, D.C., that are designed to move physicians toward e-prescribing and better, more efficient patient care.

The State of Michigan, federal programs, many health plans and other third-party payers have established strong initiatives for physicians to adopt electronic health record systems to enhance quality of care outcomes and efficiency.



*Kurt Anderson*

Current efforts require "meaningful use" of electronic health record systems and provide payment incentives for their use or penalties for failing to use electronic prescribing. Physicians are complying with these new requirements, but the prior authorization system has yet to catch up with the times.

By creating a single, universal prior authorization form, we can change that, improve the patient's experience and streamline the process for prescribing the appropriate prescription drugs. Senate Bills 429 and 430 empower physicians and their staffs to focus on improving their patients' health while cutting red tape and improving efficiencies in the delivery of health care.

And it is a reform that will make better use of time for both physicians and their patients.

*Steven E. Newman, M.D., is president of the Michigan State Medical Society.*

*Kurt C. Anderson, D.O., is president of the Michigan Osteopathic Association Board of Trustees.*

# The Macomb Daily

*Sunday, July 17, 2011*

## **Simplify the Paperwork: Patients Have Already Waited Long Enough!**

By Dr. Steven Newman, MD, President, Michigan State Medical Society

Nobody likes to wait, but we understand that often, waiting is a part of life. We wait in line at the supermarket and wait in rush hour traffic. We wait for videos to download on the internet and we wait for the latest "must read" novel to hit the shelves or the web. Yes, sometimes we spend time in the waiting room at the doctor's office. Unfortunately, unnecessary red tape and bureaucracy are forcing many patients, all across Michigan, to wait for longer than they should have to for critical prescription drugs recommended by their physicians.

Insurance companies use paperwork called "prior authorization forms" to determine whether or not a drug being prescribed by your physician will be covered under your health plan. While most prior authorization forms ask for nearly identical information, more than 150 different insurance plans operating in Michigan each use their own unique forms, and not all of them can be submitted electronically.

Practically speaking, that means physicians and their staffs are forced to sort through over 1,000 pages of redundant forms and juggle numerous submission methods and requirements. The forms create a significant administrative and bureaucratic burden that delays the quality of patient care and limits the amount of time physicians and their staffs can spend directly with patients, addressing their health needs.

Doctors prefer to be in the exam rooms and operating suites working on patients' behalf. We prefer to see our staff delivering care directly to patients and not stuck at their desks, shuffling mountains of paper. A universal prior authorization form would reduce the amount of time spent filling out these redundant forms, it would streamline the referral process, and it would enhance efficiency.

That is why physicians across Michigan are joining state Senators Jim Marleau and Tonya Schuitmaker and supporting their legislation asking the Michigan Health Insurance Commissioner to work with health insurance companies and pharmacy benefit managers to develop one simple, electronically-transmittable prior authorization form to be used uniformly by all health insurance companies and pharmacy benefit managers in Michigan.

The State of Michigan, federal programs, many health plans and other third party payers have established strong initiatives for physicians to adopt electronic health record systems to enhance quality of care outcomes and efficiency. Some new reforms require "meaningful use" of electronic health record systems and levy penalties for failing to use electronic prescribing. Doctors are complying with these requirements, but the prior authorization system has yet to catch up.

By creating a single, universal prior authorization form we can change that, improve patient outcomes, and streamline the process for prescribing the appropriate prescription drugs--all while retaining the insurance companies' right to determine what drugs they cover under each of their various plans. This legislation empowers doctors and their staffs to focus on improving their patients' health while cutting red tape and improving efficiencies in the delivery of health care.

Redundant paperwork should not force patients in Michigan to wait another second longer for the prescription drugs they need. They've already waited long enough for this common sense reform.

*Dr. Steven Newman, MD is the President of the Michigan State Medical Society and serves as a medical consultant to the Detroit Institute of Physical Medicine and Rehabilitation, specializing in neuromusculoskeletal problems, neurorehabilitation, and traumatic brain and spinal cord injury.*

*The Michigan State Medical Society is a professional association of more than 16,000 Michigan physicians. Its mission is to promote a health care environment which supports physicians in caring for, and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine.*

Wednesday, June 22, 2011

## **Health-care reform bill aims to cut bureaucracy, improve efficiency**

Portage Gazette Reports

LANSING -- State Sen. Tonya Schuitmaker has introduced legislation to improve efficiencies at the doctor's office by streamlining the process used by Michigan physicians to verify that a patient's health-insurance provider covers prescription drugs.

Senate Bills 429 and 430 call on Michigan's insurance commissioner to create a single universal prior-authorization form and bring uniformity in the authorization process. The form would replace more than 1,000 pages of paperwork physicians now must sort through for the same simple task.

"Michigan families deserve the absolute best possible health care, but unnecessary red tape and bureaucracy often stand in the way," said Schuitmaker, R-Lawton. "My legislation lets doctors and their staffs focus on saving lives and improving their patients' health instead of dealing with mountains of redundant paperwork."

While most prior-authorization forms are very similar, more than 150 different insurance providers operating in Michigan each use their own forms, creating significant paperwork and bureaucratic red tape. The process delays the delivery of quality health care and limits the time physicians and their staffs can spend directly with patients addressing their health care needs.

Kalamazoo area physician and Michigan State Medical Society member Dr. Stephen Dallas agrees with Schuitmaker.

"Michigan physicians prefer to be in the exam rooms and operating suites working on their patients' behalf," he said. "We prefer to see our staff delivering care directly to patients and not confined to desks shuffling paper."

"A universal prior-authorization form would reduce the amount of time spent filling out forms. It would streamline the referral process, and it would enhance efficiency."

Health-insurance providers use prior authorization forms to verify that drugs being prescribed by a physician are covered by a patient's health care plan for the symptoms or ailment being treated. SB 429 and 430 maintain an insurance company's right to choose which drugs it covers under each plan but calls on the insurance commissioner to create a universal form each must accept from physicians seeking prior authorization.

Michigan's largest physician and patient advocacy organizations, including the Michigan State Medical Society, the Michigan Osteopathic Association, the Michigan Academy of Family Physicians and the Michigan Health and Hospital Association, representing tens of thousands of Michigan doctors, their staffs and their patients, this year have formally called for the creation of a universal prior-authorization form to improve patient access to care.

# CRAIN'S DETROIT BUSINESS

Monday, May 16, 2011

## Health Care Extra exclusive Q&A with Steven Newman

New Michigan medical society president discusses plans, health insurance changes

By Jay Greene

Steven Newman, M.D., was inducted as president of the Michigan State Medical Society at its annual meeting April 28 in Lansing.

Newman received his medical degree and completed residency training at the University of Michigan. The Detroit-born doctor also worked at the National Institute of Neurological and Communicative Disorders and Stroke in Bethesda, Md.

He also practices at several hospitals, including William Beaumont Hospital and Detroit Medical Center's Sinai-Grace Hospital.

A neurologist in Southfield, Newman discussed with Senior Reporter Jay Greene a wide range of topics that included medical society top priorities for this year...

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**Does the medical society have an overarching legislative theme for 2011?**

More than anything else, we want to get the message across that we are advocating for patients, not us. We would like to see changes in the insurance industry in Michigan and nationally. Doctors are spending too much time with duplicative administrative burdens.

**What are some of the insurance changes you would like to see in Michigan?**

Health insurance companies spend too much money on administration, shareholder profits and CEO salaries. More than 80 percent of revenue needs to go to health care services. Obamacare does make some changes here that we support. We would like to see some other changes.

We want to seek establishment of a universal prior authorization process for insurers and pharmacy benefit management companies to follow. Patients need the fastest access to life-saving prescription drugs while reducing unnecessary administrative costs.

I recently spent 90 minutes on the phone to get the proper medication for a patient who has ulcers and gastritis.

**Is this routine for doctors to spend so much time dealing with insurance companies over patient authorizations?**

Yes,

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